



## **CERTIFICATION APPLICATION**

- CLEVELAND AREA BUSINESS PROGRAM
  - LOCAL PRODUCER & SUSTAINABLE BUSINESS PROGRAM

**CITY OF CLEVELAND  
FRANK G. JACKSON, MAYOR**

**NATOYA WALKER MINOR, CHIEF PUBLIC AFFAIRS  
OFFICE OF EQUAL OPPORTUNITY**

(Rev.2/2011)

## **BEGINNING THE PROCESS**

### **Why is there a certification process?**

**A variety of certification programs operate at the Federal, State and Local levels. These programs were originally developed to safeguard minority business assistance programs from misuse by non-minority firms or companies. They serve as a tool for an organization that wants to do business with minority, female or local enterprises by verifying the ownership of the firm and verifying that the firm is operational.**

### **What happens after I complete the form?**

**Once you have completed the form and provided the background information required, make a copy and submit your original application to:**

**Office of Equal Opportunity  
601 Lakeside Avenue, Room 335  
Cleveland, OH 44114**

**You must include a signed original affidavit with each application. You may make as many copies of the blank affidavit as you need.**

**This application does not waive the right of the Office of Equal Opportunity to request additional information, or to make site visits as part of the certification process. OEO retains the right to deny certification to a company even when other entities have decided to grant that company certificate.**

## An Ordinance

To Supplement the Codified Ordinances of Cleveland, Ohio 1976, by enacting New Sections 187A.01 to 187A.06 & 187A.99, relating to the Local Producer, Local-Food Purchaser, and Sustainable Business Preference Code.

### Requirements for Certification:

**"Local Producer"** means a person that:

- (1) Has its principal office (headquarters) located physically in the local contracting market and whose highest executive officers & highest level managers maintain their offices & perform their respective executive managerial functions & duties in the Local contracting Market; and
- (2)
  - A. grows food or fabricates goods, whether or not finished, from organic or raw materials;
  - B. processes goods, materials, food or other products so as to increase their commercial value by not less than 50%;
  - C. supplies goods by performing a commercially useful function; or
  - D. provides, by its qualified full-time employees, maintenance, repair, personal, or professional services

**"Local Sustainable Business"** means a business enterprise that:

- (1) Has its principal office (headquarters) located physically in the local contracting market and whose highest executive officers & highest level managers maintain their offices & perform their respective executive managerial functions & duties in the Local contracting Market; and
- (2) Has established sustainability goals for itself and is a member of or signatory to a nationally-recognized sustainability program, which goals and program have been determined acceptable by the City Chief of Sustainability or other officer designated by Mayor. Two of the recognized sustainable programs are: [gogreenplus.org](http://gogreenplus.org) and [E4S.org](http://E4S.org)

"Local Contracting Market" or "Contracting Market" means the geographic market area consisting of Cuyahoga County, Geauga County, Lake County, Lorain County, and Medina County, Ohio;

Provided, however, that with respect to growers or producers of FOOD ONLY, the geographic market area shall include: Erie County, Huron County, Richland County, Ashland County, Wayne County, Holmes County, Stark County, Summit County, Portage County, and Tuscarawas County.

## INSTRUCTIONS

**For the City of Cleveland you must apply for recertification during the anniversary month of your certification. The application has to be renewed annually.**

**You must initiate the recertification. It is the responsibility of the certified business owner to reapply before expiration.**

**No application will be accepted unless it is printed or typewritten, notarized, and bears the signature of the owner(s).**

**The application must be fully completed. Should you need additional space, please attach supplemental pages.**

**If you need assistance in completing this application please contact us at 216-664-4152.**

### I. GENERAL INFORMATION

1. I am applying for certification as a:

Cleveland Small Business (CSB) \_\_\_\_\_

Minority Business Enterprise (MBE) \_\_\_\_\_

Female Business Enterprise (FBE) \_\_\_\_\_

Local Producer Enterprise (LPE) \_\_\_\_\_

Sustainable Business Enterprise (SUBE) \_\_\_\_\_

You may apply to any or all of them.

2.

Name of Firm:	
Address: (Where CEO and top management perform their management duties)	
City/State/Zip:	
County:	

Parent Company:	
Other business address if applicable:	
Business Telephone:	(     )
Fax Number:	(     )
Company Website:	
Email Address:	
Owner's Names(s)	
Owner's Home Address(es)	
Owner's Home Telephone(s)	
Federal Employer ID #	

3. Type of Business: (Check one)

Construction Contractor _____	Supplier of Goods _____
General Contractor _____	Consultant _____
Specific Trade _____	Service _____
Professional Services _____	Manufacturer _____
Food Producer _____	other (specify) _____

1. Sustainable Organization In which your Company is accredited:

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Briefly describe products and/or services provided:

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## II. OWNERSHIP OF FIRM

1. Indicate whether: (Check one)

A. Sole Proprietorship \_\_\_\_\_ Date Established \_\_\_\_\_

B. Partnership \_\_\_\_\_ Date of Agreement \_\_\_\_\_

C. Corporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

If sole proprietor give Social Security Number: \_\_\_\_\_ (Confidential)

If corporation give Tax Identification Number: \_\_\_\_\_

Does not include affiliates, wholly owned subsidiaries or divisions.

2. Year firm was established, if different from question one above: \_\_\_\_\_

3. Has firm done or is it currently doing business under another name?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

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4. Method of acquisition (check all that apply)

Started new business	_____
Bought existing business	_____
Inherited business	_____
Secured concession	_____
Merger or consolidation	_____
Other	_____

## Ownership

5. Identify those who hold 5% or more of the firm's ownership:

	1	2	3
Name/Title			
Race*/Gender			
Years Owned			
Owner %			
Salary			
Class of Stock (Common/Preferred)			
USC**			
LAPR**			

\* Specify ethnic background of each person listed above with the appropriate letter listed below:

Alaskan = AL                      Black/African American = B                      Hispanic = H  
 American Indian/Native American = N\*\*\*                      White/Caucasian = W  
 Asian = A (Pacific Islander or Oriental)

\*\* Indicate whether the persons listed above are United States Citizens (USC) or Lawfully Admitted Permanent Residents (LAPR).

\*\*\* Tribal certificate and registration with the Bureau of Indian Affairs may be required.

6. Total number of shares issued: \_\_\_\_\_ Outstanding: \_\_\_\_\_

7. Total number of voting shares: \_\_\_\_\_ Outstanding: \_\_\_\_\_

### III. CONTROL OF FIRM

1. Identify by name, race, gender, title, and job classification, those individuals in the firm who are responsible for day-to-day management and policy decision making, including, but not limited to, those with prime responsibility for: (include owners and non-owners)

	NAME	RACE	GENDER	TITLE
Financial Decisions				
Signing of Checks				
Payroll				
Purchasing				
Other				
Estimating				
Sales/Marketing				
Hiring/Firing of Management Personnel				
Purchases of Major Items/Supplies				
Supervision Field Operations				
Negotiating/Signing Contracts				
Credit Acquisition				
Management Decisions				
Bid Negotiations/Scheduling				
Office Management				
Bonding/Insurance				
Operating Management				

2. Identify any owner or official of the applicant who is currently, or has been an employee of another firm which has an ownership interest in, or a present business relationship with, the applicant business

NAME	RACE	GENDER	TITLE/JOB CLASSIFICATION



#### IV. CURRENT EMPLOYMENT DATA

1. Identify all current full time employees including officers on payroll. Use additional sheets, if necessary.

NAME	TITLE/JOB CLASSIFICATION	LOCATION/ PLACE OF EMPLOYMENT	LENGTH OF EMPLOYMENT

Total number of full-time employees: \_\_\_\_\_

## V. REAL ESTATE

1. List identifying all real property (including office/ storage space, ect.) owned/ leased by your business and documented proof of ownership/ signed leases.


## VI. CONTRACTS/DIRECT SALES

1. Has firm ever been awarded any contracts?

\_\_\_\_\_ Yes \_\_\_\_\_ No

a. Was the contract: \_\_\_\_\_ Federal \_\_\_\_\_ State \_\_\_\_\_ Local

b. List largest dollar amount awarded: \$\_\_\_\_\_

c. Date of last award: \_\_\_\_\_

d. Provide true copies of contracts awarded, purchase orders or invoices of your six largest jobs for the past three years. (If you have done less than six, please supply what you have.)

2. If applicable, please list below your principal material suppliers:

SUPPLIER	LOCATION	PRODUCT	VOLUME LAST YEAR

3. Is your firm a goods and supplies dealer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please answer the following question. Do you own, operate and maintain a store, warehouse or other establishment in which articles, equipment or supplies relating to your line(s) of products is/are kept in stock and sold to the public on a wholesale and/or retail basis? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please describe your facilities. If no, please explain any arrangement(s) that eliminate(s) this necessity.

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## VII. TWO BUSINESS CREDIT REFERENCES

FIRM	CONTACT/TITLE	ADDRESS/CITY/ZIP	TELEPHONE

## VIII. FINANCIAL INFORMATION

List all contributions/investments of cash, equipment, real estate, expertise, or other consideration used by each owner to acquire ownership in the application business. List the value of each contribution. For cash, show origin as joint/ personal savings or checking account, loan, etc. For equipment, list the actual items, value of each piece of equipment, and proof of prior ownership. For real estate, provide a description, estimated market value, and proof of prior ownership. Provide documentation to prove all contributions, i.e., canceled checks, deposit slips, bills of sale, purchase agreements, receipts, or other evidence for each contribution or investment made to acquire ownership in this business. Attach additional pages if necessary.

Name: _____ Equipment:\$ _____ Real Estate:\$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____	Name: _____ Equipment:\$ _____ Real Estate:\$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____
Name: _____ Equipment:\$ _____ Real Estate:\$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____	Name: _____ Equipment:\$ _____ Real Estate:\$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____

List any additional contributions/investments made by anyone since the business started.  
Attach additional pages if necessary.

Name: _____ Amount: _____ Purpose: _____ Date: _____
Name: _____ Amount: _____ Purpose: _____ Date: _____
Name: _____ Amount: _____ Purpose: _____ Date: _____
Name: _____ Amount: _____ Purpose: _____ Date: _____

## IX. BUSINESS REVENUE

Gross Revenue for the past three years

Current \_\_\_\_\_  
Last Year \_\_\_\_\_  
2 years ago \_\_\_\_\_  
3 years ago \_\_\_\_\_

\* You will be required to make your business / personal income tax returns available for inspection.

## X. RECOMMENDED SUBMISSIONS

Please submit any of the following documents applicable to your company. You may be requested to submit other documentation as requested upon review by Office of Equal Opportunity.

<b>Please submit the following for review:</b>	
Completed Application (Affidavit MUST be notarized)	
Office Lease or Rental Agreement	
Liability Insurance Certificate	
Worker's Compensation Certificate	
Bank Resolution, Signature Card & Bank Statements	
Indication of local taxes paid	
Federal tax returns (past 2 years)	
6 Copies of Cancelled Business Checks, Front & Back	
Financial Statements/Loans (past 2 years)	
6 signed copies of past contracts, purchase orders and/or invoices evidencing services or products your company produces	
NAICS codes with documentation (if available)	
Statement of Qualifications of Company	
Articles of Incorporation: Ownership, State Certificates & Board Minutes (if applicable)	
Share Ledger & Stock Certificates (if applicable)	
Proof of Stock Purchase and/or Company Acquisition	
Proof of capital investment contributions	
Licenses obtained under special trades or business	
Documentation from accepted Sustainable Organization	
3 Distributorship Agreements (for suppliers only)	
List of Equipment Owned/Leased	
Equipment Lease or Rental Agreement	
Birth Certificate, Driver's License or Passport	
Resume of All Principal Officers	
Business Cards and Company Brochure	

## XI. AFFIDAVIT

A signed affidavit with original signature must accompany each application.

The undersigned swears that the foregoing statements made as part of this application are true and correct and include all material information necessary:

1. To identify and explain the operations of (Name of Company)

\_\_\_\_\_

\_\_\_\_\_

2. To identify the ownership thereof; and

3. To establish their eligibility for certification as a

\_\_\_\_\_ Cleveland Small Business,  
\_\_\_\_\_ Minority Business Enterprise,  
\_\_\_\_\_ Female Business Enterprise,  
\_\_\_\_\_ Local Producer Enterprise, and/or  
\_\_\_\_\_ Sustainable Business

Further, the undersigned agrees to provide any and all information and materials as may be required to substantiate the ownership and control by \_\_\_\_\_ of the company. This includes complete cooperation with the certifying entities and allowing the examination of books, records and files of the named company at the business location or at any other place. It is understood that any material misrepresentation will be grounds for terminating any contract which may be awarded and for imposing sanctions under federal, state or local laws concerning false statements. Please note that the information provided with this application may be subject to such laws. If, after filing this document there is any change (during the ensuing calendar year) in the information submitted herein, the undersigned will inform the Office of Equal Opportunity immediately of the change(s).

NOTARIZATION: (Sign only in the presence of a Notary Public.)

Signature: \_\_\_\_\_  
Name (print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared

(Name) \_\_\_\_\_ that he or she was properly authorized by

(Name of Firm) \_\_\_\_\_, to execute the Affidavit and did so as his  
or her free act and deed.

(Seal) Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_